

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner: Name (first, middle, last) IV-D Case: TANF
 Social Security Number IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance

Respondent: Name (first, middle, last)
 Social Security Number Non-IV-D Case:

File Stamp

Responding IV-D Case Identifier _____

Responding Tribunal Number _____

Initiating IV-D Case Identifier _____

Initiating Tribunal Number _____

A Separate Affidavit Is Required for Each Child Needing Paternity Established.

SECTION 1

I, _____, on oath, under penalty of perjury depose and allege:
 Name (first, middle, last)

1. I am the natural mother of the child named below:
 natural father
 other; explain in Section IV

Child's Full Legal Name (first, middle last)		Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, County, State)	Mother's Maiden Name (first, middle, last)

2. The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.
 Name (first, middle, last)

3. a. A man is named as the father on the child's birth certificate. Yes (Attached certified copy) No
 If Yes, the man's name and address are:

b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. Yes No

If Yes, the man's name and address are: Date marriage ended _____
 (Month, Day, Year)

c. A man signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** Yes (Attached certified copy) No

d. A man acted as and presented himself to be the child's father. Yes No
 If Yes, the man's name and address are:

e. Genetic tests were completed to determine the biological father of the child. If Yes, attach results. Yes No

SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No
 (If Yes, complete the following).

- a. The name(s) and address(es) of the other man/men:

- b. The other man/men are biologically related to the man I am naming as the child's natural father.
 Yes No. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.)

- c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth Yes No (If Yes, complete the following)

- a. Husband's name (first, middle, last) and last known address:

- b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any:

3. _____ is the father of this child. The following facts support my allegations of paternity:

- | | | | | |
|----|---|--|--|--|
| | Name (first, middle, last) | | | |
| a. | We lived together. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dates: _____ To _____ | |
| b. | I have told welfare officials that he is the father of this child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Location _____ | |
| c. | I told him that he was the father of the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| d. | He is named as the father on the birth certificate. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached | |
| e. | He signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached | |
| f. | He admitted being the father of the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| g. | He sent cards/letters regarding the pregnancy and/or about the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Copies Attached | |
| h. | He was present at the birth of the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| i. | He visited the child at the hospital following birth | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| j. | He offered to pay abortion expenses. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| k. | He offered to pay medical expenses. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| l. | He paid for birth related expenses. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| m. | He claimed the child on tax returns. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Don't Know | |
| n. | He has provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV | |
| o. | He lived with the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV | |
| p. | He visited the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV | |
| q. | The child resembles him. <input type="checkbox"/> Photo attached | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV | |
| r. | There are witnesses to my relationship with him. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- a. The mother and I lived together. Yes No Dates: _____ To _____
Location _____
- b. The mother told me that I am the father of the child. Yes No
- c. I am named as the father on the birth certificate. Yes No Certified Copy Attached
- d. I signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** Yes No Certified Copy Attached
- e. I was present at the birth of the child. Yes No
- f. I visited the child at the hospital following birth Yes No
- g. I offered to pay abortion expenses. Yes No
- h. I offered to pay medical expenses. Yes No
- i. I paid for birth related expenses. Yes No
- j. I claimed the child on tax returns. Yes No
- k. I have provided food, clothing, gifts or financial support for the child. Yes No If Yes, explain in Section IV
- l. I lived with the child. Yes No If Yes, explain in Section IV
- m. I visited the child. Yes No If Yes, explain in Section IV
- n. The child resembles me. Photo attached Yes No If Yes, explain in Section IV
- o. There are witnesses to my relationship with the child's mother Yes No
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV – OTHER PERTINENT INFORMATION (including detailed explanations for “Yes” responses in Section II or Section III above)

Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

_____ Date _____ Signature

Sworn to and Signed before me this Date, County and State _____ Notary Public/Official and Title

_____ Commission Expires